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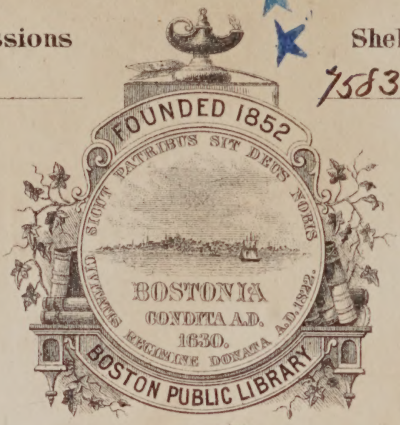

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THE MANAGEMENT
OF
CHRONIC INEBRIATES
AND
INSANE DRUNKARDS.

BY
ALBERT N. BLODGETT, M.D.

BOSTON, 1882.

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THE MANAGEMENT OF CHRONIC INEBRIATES AND INSANE DRUNKARDS.*

In approaching a question of such magnitude as the present one, certain facts which have been proved by the experience of the past must be touched upon as a fundamental necessity to any intelligent discussion of the subject. Among these are the following.

It is a recognized fact that the peoples of to-day are different in many respects from their native ancestors, or from the peoples of those countries from which they may have emigrated. These gradual changes have long been observed, but in later years they have progressed with accelerated rapidity. This result is not confined to one language or continent, but is distributed in varying degrees of development throughout the whole civilized world. The changed condition is noticeable in many ways, principally, however, in features relating to the nervous system,—that is, in those departments of the human organization controlled or specially influenced by the great central ganglia, the brain and spinal cord.

The most prominent evidences of such a change consist in an increased excitability, an abnormal activity of all the cerebral and nervous functions, a restlessness and nervousness, a precocity which is not the healthy development of normal powers, but is a strained and overwrought activity resulting from unnatural and disordered excitability. This condition, if developed suddenly in any individual, is considered indisputable evidence of disease, and is quite as

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*Read at the Annual Meeting of the Social Science Association at Saratoga, Sept. 6, 1882, by Albert N. Blodgett, M.D.

properly reckoned a diseased action when its march is slow and insidious, so that its progress is unnoticed by the individual affected.

The expression of increased nervous excitability is observed in nearly all the ordinary walks of life and in all conditions of people. Within the memory of most of us there have been such changes within the limit of personal observation to verify the truth of this assertion. The ground was well covered by the remark of a gentleman with whom I was recently conversing, who said, "I would prefer to live seventy years in thirty rather than to consume seventy years in living thirty."

The causes of the generally elevated tension in which we live are manifold, and reach into almost every avenue of life. They invade the most humble home and intrude into the drawing-rooms of our modern palaces. It is impossible to enumerate all, or nearly all, the influences which have united to produce such a baneful effect upon our population; but a few of the more potent causes may be briefly touched upon. Among these may be mentioned, as one now acting most powerfully in this country, the modern science of politics, by which I would not be understood as alluding to the science of true statesmanship, but the petty, miserable abortion of statesmanship,—which is now everywhere disseminated throughout the land,—in which personal ambition usurps the place of principle, and private advantage controls those acts which should be directed to the public good.

The abolition of *principle*, which is to the mind what the pole-star is to the mariner, is one of the most fatal accidents which can befall any individual. Its absence leaves the mind without a proper degree of rectitude, without that necessary steadfastness of purpose and consistency of method which are essential to healthy and vigorous mental activity. Weakness and debility of the mental functions must as surely follow its loss as physical infirmity succeeds the loss of any material condition of animal life.

The cumulative result of this defect is continually aug-

menting, like that of the opium habit or any other profound and growing influence operating upon the foundations of being in the individual.

The recent great mania for speculation, which has swept like a cyclone over this country, has been another powerful agent in disturbing the mental equilibrium of very many people in the past few years. The insatiable desire for wealth, the excitement attending the fluctuations of values, the anxiety regarding the favorite investment, the giddy exhilaration produced by sudden riches, and the despair at the shipwreck of the labors of a lifetime,—all exert a most powerful influence in unsettling the mental balance of many individuals, thus exposing them more easily to the effects of accidental influences, by which their debilitated mental and moral natures may now become more or less profoundly disturbed.

The rapid dissemination of intelligence from one part of the world to another, thus bringing the events of distant locations to our earnest attention, with the added elements of exaggeration and sentiment, with almost the same force as those affecting our personal relations, must act as a constant excitant or spur to the emotional and sympathetic parts of human nature, and operate to strain these qualities of the mind to an unusual and harmful degree. In fact, one of the most dangerous forms of mental disease at this time is the so-called "emotional insanity," produced, or at least developed and perpetuated, by great and prolonged excitement of these mental faculties. The "inspiration theory," with its frequent deeds of horror, comes under this class of mental disease, of which we have had several most piteous examples.

Another potent factor in the increased mental vulnerability of our recent population is the changes in the private and domestic life of the people. There is an increased tendency toward aggregation in large communities, and all large cities are overcrowded. The natural result is, that much of the home life, if indeed not all, with its quiet restraint and peaceful influences, is lost upon those natures

which most need them. The young of both sexes are thus thrown into the whirlpool of modern town life, and deprived of the most necessary means of protection from its contamination.

Is it to be wondered at if irretrievable damage is done the mental and moral natures of inexperienced or susceptible individuals, which, like a slight deviation from a straight line, becomes further and further removed from its proper course?

When we add to all these the harmful practices associated with club life, now unfortunately becoming so popular among all classes, which pander to all the foregoing evils but counteract none of them, and supplement all these with late hours and their associated dissipations, the lack of friendly advice, the perils of gaming and the other social dangers, we surely have ample cause for the weakened and debilitated moral sense, and the overstrained and excited emotional nature of a large and increasing proportion of our young and middle-aged people.

If, now, these unfortunate individuals become the slaves to passion or appetite, in any specific form, their bondage will be more oppressive from the lack of a powerful will to resist and a firm principle to guide; and the danger from encroachments of other vices will be augmented, owing to diminished power of self-control, due to degeneration or abolition of standard mental qualities.

At this point, one of the prime evils of our present system of living becomes evident, in connection with the facts mentioned a moment ago. Human nature cannot indefinitely support the increased strain to which a continually enlarging number of individuals are exposed. *Natural food and natural rest will not provide for unnatural and superhuman exertion.* There is a limit to all healthy energy. Beyond this limit, labor is accomplished only at the expense of vitality. In this extremity, which is exactly the condition in which a large number of our people find themselves, the use of artificial stimulants is necessary, in order to follow an irrational and insane ambition. The constant mental

toil, the unceasing anxiety, the sleepless nights and overburdened days, gradually produce a degree of exhaustion, in which the individual is forced to one of two measures,—either to relax the strain under which the system is laboring or to endeavor to support the failing energies by the use of some form of artificial stimulus. There is little need to add that the latter is the measure usually adopted at the present time. . . . There is a sensation of exhaustion which imperatively demands the aid of a stimulant, and is temporarily relieved by its employment. The individual is led to think that the remedy has been found, and continues the use of an agent which has afforded such marked benefit.

It is easy to conceive that any article which thus becomes necessary to the performance of daily labor may gradually acquire such power over the individual that the force of habit, combined with the physiological action of the substance, may at length render all efforts at its abandonment entirely futile. . . .

The cumulative effect of prolonged over-stimulation is twofold: first, the action upon the nervous system, as a spur, by which an extra amount of energy may be temporarily evolved, with a gradual encroachment on the normal powers of the organism, until no extra energy *can be awakened* except from the effect of stimulation; and, second, a change in the physiological and organic relations of the structural elements composing the nobler functional organs, with gradual degeneration of the higher mental and moral qualities, so that the foundations of character are undermined and the powers of reason are perverted, while the emotions and sympathies are excited to increased activity; and the unfortunate individual becomes a slave to sudden and irresistible impulses, the consequences of which may be disastrous to himself or others.

Probably, many unsuspected cases which claim our attention in their care and treatment are the direct result of an attempt to prevent exhaustion of the vital powers by the use of artificial stimulants. One of the most careful writers of our day says that "cerebral exhaustion, however caused,

more often leads to irresistible drink-craving than is generally supposed"; and Dr. Myers states that "there is no form of nervous exhaustion more severe in its character than that which is induced by the abuse of stimulants."

The organic effect of prolonged over-stimulation upon the brain may be of two varieties: first, to dry up, so to speak, and to a certain extent solidify the tissues, with the symptoms of a greater or lesser deviation from mental soundness, sometimes amounting to mania; often followed, second, by softening of the cerebral structure, accompanied by a gradual blunting of many, if not all, the mental faculties, at times resulting in actual imbecility.

Dr. Sankey, in his lectures, traces the close parallel between the gradual degeneration of brain and degradation of mind in the drunkard and the insane person, and shows that these processes exactly correspond in some cases, and that the cerebral changes are almost identical. . . . It is safe to say that no person can employ alcoholic stimulants for any length of time continuously without impairing the integrity of some, or all, the great organs of life, and vitiating their functions. With this result once induced, the necessity is felt for continued use of the harmful agent; and the weakened mental faculties are powerless to oppose the demands of an abnormal and depraved appetite. Thus, the bad habit is fostered and perpetuated, and the *chronic inebriate* stands before us. The uncontrollable appetite, the diminished mental vigor, the complete subjection to the obnoxious substance, are the essential factors which constitute the chronic toper, whose progress is now invariably from bad to worse. Dr. Bucknill considers this condition to be a form of emotional or moral insanity. He says, "The prominent nature of this propensity is its *irresistibility*."

The second class which claims our attention at this time is that other element of society, which is subject to alcoholic influence, and which presents a series of phenomena utterly different from those we have previously considered. These unfortunate persons are generally (so far as my observation has enabled me to judge) those who are originally in some

way constitutionally defective, or are, to a greater or lesser degree perhaps, congenitally "weak-minded," or, in the words of Dr. Fisher, "those who inherit an unstable, nervous constitution from drunken, neurotic, or insane ancestors." They are oftener found among the more illiterate ranks of society, or, if they belong to an elevated walk in life, they are inferior to their position, and are generally regarded as deficient in some essential qualities. This group of persons does not generally become addicted to the use of alcoholic stimulants from an original necessity for them, but from inherited vicious propensities, pandered morbid appetites, and depraved mental constitution. In them, the results which obtain in the chronic inebriate are less frequently observed, organic changes in the various animal structures are more rare, and the principal deleterious effect is to be noticed in the department of the higher cerebral functions.

The nervous system in these unfortunate individuals seems to be so constituted that the effect of any powerful stimulant is developed at once, and particularly in these structures. A person who has taken but a very moderate amount of a common stimulant may present no outward sign of intoxication: the step may be firm, the face not flushed, the pulse but slightly accelerated; but the mental organization of the individual may be completely overturned. There is often not the violent aspect of mental derangement which accompanies delirium tremens, but a complete suspension of normal cerebration. The general tendency of this state is one of personal exaltation, of unlimited resources, of gigantic enterprise, of assured success in most extraordinary undertakings. Although not generally inclined to be violent, there is complete disregard of the proprieties of the person or property of others, which, coupled with the fact that any effort at restraint is at once resented, is often the occasion of the development of a state of fury in which life is often imperilled and sometimes sacrificed.

In this state of maniacal rage there is no consistent selection of means, nor any consideration of the results which

may ensue, but the unrestrained passion of the moment leads the individual to the most violent demonstrations as the result of interference with the delusions which temporarily possess the mind of the insane drunkard. Dr. Fisher, who has devoted much thought to this subject, says: "Under the influence partly of an uncontrollable impulse and partly of intoxication, they will perform truly insane acts. Closer investigation of their mental state will usually disclose the fact that they are liable to periodical recurrences of causeless exultation and bursts of self-confidence on trifling occasions."

A case is now in my mind in which an amount of alcohol, not usually followed by any appreciable result other than a slight exhilaration, is in this patient the cause of uncontrollable rage, during which his room-mate, who is his dearest friend, becomes the object of the most malignant fury, and is in momentary danger of death from any convenient means. This impulse to violence toward others alternates with a powerful inclination to jump from the window, which is the only expression of any suicidal tendency in this patient. Some days are required for the re-establishment of his disturbed mental equilibrium, though the bodily functions are at no time seriously deranged. The effect of stimulation in this and similar cases seems to be primarily and chiefly exerted upon the nervous system, and is particularly developed in the cerebral lobes, where its action is expressed by disordered mental action as the disturbed function of these organs.

With each repetition of so dangerous an interference with these important structures, the tendency to diseased action is increased, so that the aberration of the intellect is each time more prolonged, and its character perhaps changed. The diseased condition may be produced by a lesser amount of the stimulant, and the impression upon the whole organism may become more pronounced, until at length reason may be permanently impaired, and the patient become the object of continuous apprehension or perpetual restraint, as a protection to himself or his surroundings or both.

Dr. Blandford regards persons of inherited or acquired weak mental constitution, who are impelled to periodical drinking, by which indulgence the mental impairment is increased and perpetuated, as *insane*, thus expressing exactly the condition which we have endeavored to describe.

From the foregoing, it becomes at once evident that the victim of drink may become a charge to society in either of the ways described. As such, he should not be regarded in the light of a voluntary offender or a hardened criminal, but as a sick and diseased individual, who is in need of humane and considerate treatment, and who is perhaps susceptible to recovery from his disordered condition and to restoration and cure of his infirmity. The cause of his present condition, whether intemperate indulgence of vicious propensities or any other reason, is not now a subject for consideration. The *mental and physical requirements of the patient* are to be chiefly regarded. Dr. Bodington, at a recent meeting of the British Medical Association, says, "For my part, I look upon all habitual drunkenness as a disease, and I would boldly call it dipsomania." And the American Association for the cure of Inebriates takes the broad ground that "intemperance is a disease."

Here, our greatest need in the proper care of these unfortunates becomes strikingly manifest. We have continuously in our midst a class of patients of deficient will-power, or nervous force, or principle, as we may choose to call it, who become the subjects of public care, and are daily becoming such in increasing numbers.

Their existence as a class has been recognized, and their needs partially expressed. But I believe I am right when I say that in all our broad land there is not an institution or an establishment properly adapted to their reception for remedial or curative treatment, or for their care, if incurable. I have yet to learn of the resort so arranged as to be applicable to their needs or so conducted as to be of practical service to this element in our society, which the public must care for.

From the nature of things, it is generally among the

poorer people that these patients are met with, and therefore among those least able to properly care for them, and least likely to appreciate the fact that they are really sick, and deserving treatment rationally addressed to their condition.

The fact that they are frequently, and indeed generally brought to our notice through the commission of some act which calls for the intervention of the civil law, should not blind our eyes to the equally evident fact that accountability and moral responsibility may be more or less deficient or entirely wanting in the subject of the misdemeanor, and that he is inversely in just this degree incapable of the commission of a crime or amenable to its penalties.

The only provision which has thus far been made for the treatment of these unfortunate creatures is of two varieties: first, those conducted by private enterprise as a means of accumulating money or from charitable motives, and those controlled by the municipal or State government.

The first of these is defective in many ways. There is, as a prime objection, the fact that in these resorts the patient is a *boarder*, and as such is retained only so long as the means for keeping him there can be provided; and, upon the absence of the pecuniary element, he is dismissed without regard to his physical condition. While in these retreats, he is only a voluntary inmate, he is not constrained to remain until his condition is relieved, but often, and perhaps always, the restraint proves so irksome that the patient leaves the institution before he is in fit condition to do so, and consequently derives little or no benefit from his residence in it.

Dr. Fisher says, "If able to pay and willing to go, such a patient might be kept for a short time in the Washingtonian Home or some similar establishment on the voluntary plan. But this kind of temporary detention only restores and strengthens the confirmed inebriate for renewed indulgence. . . . The disease has a deep root in the nervous constitution of the individual, which cannot be eradicated in this way." These institutions are also often administered

upon certain dogmatic religious or hygienic ideas, which may essentially impair their usefulness as curative asylums.

The only institutions recognized by the State or municipal government for the reception of this class of patients are of two kinds: first, the various prison institutions for the confinement of felons, thieves, murderers, etc., into whose companionship the mentally and physically weakened victim of alcohol is introduced, and which can objectively and subjectively act only as an aggravation to his infirmity, and from whose walls he emerges cursed with the moral stigma of its indelible associations.

The second and only other resort to which a patient may be referred by judicial authority is the mad-house, with all its horrors, of which words can often convey no adequate conception. I quote again the words of Dr. T. W. Fisher, when speaking of Massachusetts: "There is no provision anywhere for the treatment of delirium tremens but in the almshouse at Deer Island or Tewksbury. Cases of mania from drink, if likely to prove of short duration, are sent to the former place for observation, subsequently to be transferred to an asylum, if the insane condition seems to warrant it." To the lunatic asylum, the insane drunkard may be committed with the same degree of rigor as to the prison; and too often his case is fully as much a matter of routine in one place as in the other. The overcrowded condition of our public insane asylums, the lack of careful discrimination which I fear often prevails, with absolutely inadequate facilities or official staff for the humane and kindly treatment of so many sufferers, effectually prevents this resort from being of service to our subjects.

The confinement with maniacs, the constant association by day and by night with those in whom the power of reason is perverted, and whose every act and word is the expression of a diseased mind, is a cruelty and an inhumanity toward the weak and the helpless. We have, and shall continue to have among us, a certain definite class of invalids, who are, and will continue to be, a burden to the public, and must be cared for at the public expense. It is

certainly no proper argument that, because they must be supported at the public charge, they may as well be maintained in prisons and asylums as anywhere else. We must not forget that we owe to these unfortunates a degree of humanity in their treatment which should endeavor not only to relieve their present distress, but to restore them, if possible, to the full exercise of their previous faculties. That is to say, the treatment of these individuals should have, for its ultimate object, *the cure of the disease.* This beneficent result is surely not to be attained by incarceration in a prison with the most hardened and desperate characters of our heterogeneous communities, nor is it to be hoped for behind the bolts and bars of our great and crowded insane asylums. Dr. Fisher expresses the same idea in these words: "Insane drunkards would be undesirable inmates of our insane hospitals, if there was no difficulty in retaining them. They need little medical treatment, but require prolonged restraint, varied employments, and moral discipline. The private retreats for inebriates and insane drunkards are, so far as my experience goes, quite powerless to accomplish any result, further than is in harmony with the will of the patient, and are on the whole of doubtful benefit for this class of cases."

As an instance of the working of two of the above-mentioned institutions, I would cite the following cases, which occurred within my own personal knowledge. A gentleman, who had long been a hotel proprietor, met with sudden reverses and suffered considerable pecuniary loss. Always of active temperament and usually of sober habits, his present mental distress was very acute, and he became addicted to drink. I have never seen this man in the least degree affected in speech, gait, or other physical manner, nor to a casual observer would he excite attention as being intoxicated. Yet, in this state, he is a dangerous man, and his family have often suffered violence at his hands; and with each succeeding debauch there is a decided change in his mental condition, which is gradually approaching a state of homicidal mania.

On more than one occasion, this patient has been placed in a private institution for inebriates, which has a very imposing name and a wide-spread fame, in the hope that he might be reformed, and again become a useful member of society. Each time, however, after a residence of a few days in the institution, this patient has called for his clothes, and has left the retreat to again indulge his diseased propensities.

For such subjects as can be influenced by purely moral persuasion, these institutions may be of service, as those patients do not require restraint; but, for the uncontrollable manifestations which accompany the action of alcohol upon many persons, such resorts are total failures. They have not the judicial authority to aid their work, they are powerless to restrain the turbulent subject, and are quite useless as a means of reformation or cure in any excepting mild cases.

An example of the opposite form of treatment also recently occurred within my observation. The patient was brought before the court, and was adjudged an insane drunkard and as such was judicially committed to one of the State Insane Asylums. After a time, he was released on a motion from the court, and thus describes his experience while under treatment: "The doors were barred, and kept continually locked. There was no privacy, hardly the opportunity for the exercise of decency in personal toilet. Even during the day, the forced restraint was distressing, but at night it became much more so. The shouts and yells of excited patients in neighboring wards were painfully audible, and disturbed sleep. The other occupants of this room were one patient who was constantly endeavoring to take his own life, one who feared that some one was seeking to kill him, one who was confined on account of homicidal tendencies, and one who was constantly striving to kill the others. The ward went by the cheerful name of the 'suicides' room.'" The patient remarked that, "even if a person were sane, on being confined here he might easily become insane from such surroundings," — an opinion in which I am inclined to concur.

Another disadvantage attending the present management

of insane drunkards is the uncertain length of time during which the patient is retained for treatment. Upon this point, I cannot do better than quote from the valuable monograph of Dr. Fisher, who says: "Great as is the task of getting an insane drunkard committed to an insane hospital, the difficulty of *keeping* him is still greater. This arises from the transient character of the prominent symptoms, which are only brought out under the paralyzing influence of alcohol. As one writer has said, the dipsomaniac is only sane while in the hospital. Although in his extremity, under arrest for disturbance of the peace, and perhaps suffering mentally and physically from the immediate effects of drink, he acquiesces in his commitment, in a surprisingly short time he is on his feet, under perfect control, looking around for a lawyer to help him swear that his confused recollection of the circumstances of his commitment is the true version. *No hospital can hold him a moment against his legal protest*, and he is discharged as a matter of course."

In view of the existing facts in relation to the management of chronic inebriates and insane drunkards, I think we are safe in asserting that no wise, humane, and practical plan has yet been inaugurated for this object, which shall insure the protection of society at large, and work no injustice to the individual. It is comparatively easy to see the defects of existing methods, but it is by no means easy to suggest a remedy. We may, however, perhaps learn something concerning the direction in which our efforts may be most profitably exerted, with the hope that in the fulness of time the desired result may be obtained.

What conditions, then, would be most favorable for the restoration or cure of an individual wrecked by drink and a burden to society? This is the question which in one form or another must really underlie any earnest and sincere endeavor for the practical relief of this unfortunate class of people. . . . For its solution upon any plan, one thing must evidently be premised as an essential condition, which is *that there shall be a suitable disposition of authority which shall place these people within the control of some*

restraining force. Without this indispensable provision, no effort for their benefit can be successful. With such power guarded by wise restrictions, it might be possible so to influence the life of the drunkard that his diseased tendencies and abnormal inclinations might be eradicated, and mental and physical health be restored to him.

If we consider what elements of treatment would most conduce to recovery from the state in which we find these patients, we shall not fail to recognize the great importance of two conditions, namely: a judicious amount of physical toil, which will induce a certain degree of bodily fatigue, with a consequent inclination to natural repose; and a life as much as possible in the open air; a diet composed of strong, nutritious food, but of plain, non-stimulating character, regularity of habits, and provision for abundance of undisturbed sleep.

By the present methods of dealing with the two classes of patients of which we are speaking, neither of these essential conditions is secured. The associations which now accompany their treatment are of the most unfortunate character, and cannot but be detrimental to the well-being of any person exposed to their influence. A mind congenitally defective, or unsettled by overwork or over-stimulation, or a character depraved by the long-continued indulgence of vicious tendencies and pernicious appetites, will certainly not be benefited by the companionship of those with whom one is necessarily brought into contact in a prison or a madhouse. The treatment to which these patients are at present subjected cannot be properly called curative. It cannot possibly operate to relieve them to any such degree as it might do, if these features could be eliminated.

How this may best be accomplished, and how those persons addicted to the habitual use of intoxicants, and those rendered insane by the same means, may be most advantageously treated both for their own good and for the good of society, I regard as among the most serious problems of our day. I doubt if our people are ready at this time to seriously consider it with that degree of candor and disinterest-

edness which the subject demands; nor will they do so, until a purer and more healthy spirit pervades our governing power, and a more rationally humane and truly charitable disposition is evinced by the people.

The suggestions which I have to make may not be the wisest or most desirable; but they are the best I can advance at this time, and are presented not as a basis for any present action, but for the sake of eliciting discussion and inviting more practicable suggestions from the members of this distinguished society.

The fact must be constantly borne in mind that these individuals, whatever their former condition or ability, generally degenerate physically, morally, and financially, until they become dependent upon private charity or require the official care of the State or municipality. Now, if the public can assume control of these unprofitable members of its body and institute a judicious treatment of their infirmities, treatment based upon careful and considerate study of their diseased condition and needs, these patients will not only be better cared for than they now are, but they will experience the added benefit that the result of such treatment will tend toward their radical cure. Such a plan would premise that the municipal authority should be in some way enabled to include within its limits those persons, not yet criminals perhaps, but intellectually weak and depraved, and possibly unconscious transgressors against laws they do not comprehend. The protection of society from the violent acts of drunkards, sane and insane, is a matter of vast importance, when we consider the frequency of such occurrences. The public is shocked at each new victim of insane violence, and shudders at the unending procession of suicides, but is strangely insensitive to the existence of *potential* homicides and suicides, who meet us at every turn. If these people could be properly cared for, their indulgence in intoxicants restrained, good and sufficient food be given them instead, and they be made to employ their bodily powers in some muscular activity, graduated to suit the requirements of each individual case, with enforced regularity in regard to repose, I am sure

that a short time would be amply sufficient to turn the tide in many cases from disease to health, and from the progressive degradation of the insane drunkard to the light and liberty of a free, sane, and competent man.

How this desirable result may be best achieved in America at this time, under our present system, or rather lack of system, I am not prepared to say. One thing, I think, is true beyond question. None of the so-called "Inebriates' Homes," "retreats," or asylums, as at present conducted, have proved to be of much service in the real treatment of habitual drunkards and particularly of insane drunkards. It is not in their nature to accomplish this result, as they are entirely without authority to exercise judicious and needed restraint in those cases in which it is absolutely required. They are essentially little more than temperance boarding-houses, where inebriates can remain by paying a certain sum of money and conforming to the regulations of the institution. Probably the majority of those patients who are benefited by a residence in these establishments would be quite as well able to reform under favorable conditions without residence in any asylum.

But it is not this class of cases alone which we are called upon to consider. It is also the poor and the helpless whose circumstances do not allow them to enjoy the luxury of prolonged abode in these retreats, and who have not the moral strength to forsake their vicious habits. These also require attention and care. For their treatment, the exercise of judicial restraint is absolutely necessary. They must be *assisted* to overcome a diseased tendency, for the control of which they do not possess the necessary strength. Here is where all present institutions are found wanting. The inmate cannot be legally detained within their care one hour beyond his own desire. He can thus at any time defeat all such efforts for his reformation. Dr. Fisher remarks that "an insane drunkard with homicidal propensities is more independent of legal restraint than any other person in the community."

The manner in which a legal supervision is to be exercised,

so as to secure the humane and curative treatment of the mental and physical condition in the various classes of drunkards in our midst, it is not the province of this paper to discuss. If the views herein advocated receive the approbation of this society, some plan for their practical application will not long be lacking. A few hints from practical experience may, however, not be without interest in this direction. Some years ago, while making a foot tour through a portion of Germany, I passed through a section of country of considerable extent which had been a barren, cheerless waste, but which was in some parts at that time occupied by extensive plantations of regularly set and cultivated spruce or other evergreen trees in varying stages of growth. Upon making inquiries, I was told that, in several neighboring municipalities, the penalty for the less serious violations of law was transportation to this wild region, and a forced detention there until a certain number of trees had been properly planted or other forestry labor performed, when the offender was at liberty to return to his former home. I was told that drunkenness and its minor accompaniments were among the more frequent causes of this temporary banishment and enforced labor.

I was forcibly struck at the time by the much better circumstances for the moral and physical reconstruction of the subjects of alcohol there than in our own country, where they are often confined in hot, overcrowded, unwholesome rooms, at unhealthy occupations, in company with those much worse than they are, who must exert a harmful influence upon them.

In another part of Europe, I was told that the greater part of the prepared stone for the building and repairing of the magnificent post-roads in that part of the country is the result of labor sentences as the penalty for minor transgressions against the civil law. Certainly, no one can doubt that occupation in the open air, of purely muscular character, and not so laborious as to occasion too great a degree of fatigue, with proper restraint and supervision, would be the very best means for counteracting the effects of over-stimulation in our inebriate population.

We have, in all large cities, certain commissions or departments of the municipal service which are so limited and circumscribed as to make it possible to exercise complete supervision. Such is the care of the city stables, in which one overseer could easily observe the movements of a number of employés. The paving and sewer departments usually control large enclosed areas, in which considerable numbers of men might be employed. The care of the public parks, and the labor in landscape gardening, now so commonly seen in every town of even moderate pretensions, might be performed by these wards of the public, who would thus accomplish two important ends: 1. Their own improvement and final recovery in a much larger proportion of cases than under our present treatment of drunkards. 2. They would, as a class, become self-supporting, instead of becoming and remaining the subjects of public maintenance. In many other ways, which will readily suggest themselves to any thinking person, these individuals might be employed, and carefully guarded from temptation until nature might effect a cure, and so reclaim her own.

Some may consider these suggestions as too visionary and too ideal ever to become a reality. They may not be practicable at this time; but they certainly are possibilities, as has been demonstrated by the experience of the Lintorf Asylums for Inebriates, near Düsseldorf, in Prussia. Here, a system similar in its general character to the one I have outlined has been in operation, if I am not mistaken, since 1851, and is productive of very gratifying results. The life of the inmates is carefully regulated, and strict compliance with the rules of the establishment is required. A large majority of the inmates remain for a period longer than six months, and are treated by means of good food, medical care, labor, kindness and sympathy, recognizing in inebriety a disease more than a vice, and treating it as such.

The reports state the proportion of cures to have been from twenty-seven per cent. to thirty per cent. of all cases, a figure far beyond anything yet approached in our country.

The objection may be raised to the views advanced in this

paper, that they are inexpedient, or, in other words, that the man or woman who is degraded to such a degree as to indulge in intoxicating drinks has thereby merited the full measure of disgrace and suffering accompanying the punishment for their acts while drunk, or their treatment if sick. In reply to such objection, it can only be said that, in a former age, the same spirit was evinced by the world toward many other physical and mental disorders with which frail humanity is afflicted; but I think the time is fully come when any such unjust and unsubstantial reasoning should be superseded by a mode of treatment more nearly in accordance with the advanced knowledge of a more enlightened century. And, in addition to this is the important fact that, in the majority of cases, the individual afflicted is really no more responsible for his condition than is the victim of syphilis, the slave of opium, the subject of epilepsy or intermittent fever or many other misfortunes which might be mentioned.

It would certainly now be regarded as inhuman to allow patients with leprosy to die uncared for in the fields, and it is no longer considered necessary to burn inoffensive lunatics. It is fully as great a cruelty to confine persons, really the subjects of mental disease, in the same place with the vile and desperate element which one finds in our crowded prisons and houses of correction. It is inhumanity beyond expression to subject the insane drunkard, perhaps only temporarily diseased and quite susceptible of cure, to the daily and nightly companionship and uninterrupted association with furious maniacs, epileptics, suicides, maudlin babblers, and imbeciles. Experience demonstrates that the fatal influence of only occasional exposure to such diseased surroundings often shows itself in mental derangement of those who have been connected with the care of the insane; and I am informed that a surprising number of the physicians and nurses connected with our asylums and other institutions of a similar character either become subjects for their protection and care, on account of positive mental derangement, or are maintained by their friends in domestic

seclusion rather than in a public institution. Thus, mental disorder sometimes seems to be acquired by the healthy individual from occasional contact with the subjects of disease; and, if this be true, how much more liable to the same danger an individual must be, whose nervous system is already temporarily shattered by over-stimulation, whose intellectual powers are already unsteady, if not positively deranged, and who requires treatment for weeks or months suited to the necessities of his condition, among the more essential elements of which are freedom from excitement, rest and peace of mind. I think the wonder is that insane drunkards who are placed in asylums under the present system ever escape permanent mental impairment from their unfavorable surroundings.

The practicability of this, or any similar plan of treatment, will always depend upon two principal factors: first, the ability of the public to realize that it is as easy to support an insane drunkard in some asylum arranged for his particular care as it is to support him in an institution designed for the legitimate needs of another and a different portion of the public burden, in which the indispensable conditions for his appropriate treatment and care do not and cannot exist, and from the restraints of which he can at present always effect a legal escape at a time when he is in immediate danger of a relapse upon any exposure, with a certainty of rendering each subsequent period of treatment less hopeful than before. One such case, the record of which is preserved by a friend and colleague, has been committed to the house of correction four times, and has been an inmate of the lunatic hospital *seventeen* separate times, from the nce of a diseased condition, which, by appropriate treatment, might perhaps have been easily and permanently cured in its earlier stages, instead of becoming a chronic state, which is truly a "second nature," and often justifies the remark that "the insane drunkard is only sane while in the hospital."

Second. The other factor which must be present to render this or any similar method of treatment possible is

that alluded to a moment ago, a dispensation of authority in such a manner that this large and increasing class of our community may be reached by its provision, and benefited by its practical application.

It may be claimed that the views here advanced are concerned not with the cause of drunkenness, but only with its effects, and that any attempt to benefit drunkards should be directed to the prevention of the evil rather than to its cure, when the evil is already wrought. This criticism is very true, but it must not be forgotten that the subject of the prevention of drunkenness is still one of the purely speculative questions of the day, in the solution of which absolutely no essential advance has been made, notwithstanding the fact that the ingenuity of a generation of philanthropy has been devoted to its study; but the products of the evil are continually around us, and are constantly demanding some practical relief at our hands.

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